

West Virginia Department of Transportation  
**Division of Motor Vehicles**  
**Request for Driving Record**



Call | (304) 926-3802  
Fax | (304) 926-3899  
Email | [DMVDriverRec@wv.gov](mailto:DMVDriverRec@wv.gov)

**PLEASE COMPLETE THE FORM DMV-101-PS2 (DRIVING RECORD RELEASE AUTHORIZATION) IN ADDITION TO THIS FORM IF YOU ARE REQUESTING DMV TO RELEASE YOUR DRIVING RECORD TO ANYONE OTHER THAN YOURSELF.**

This form may be used for multiple requests and a fee of **\$5.00 per name** must accompany each request. You may duplicate this form or contact the Division of Motor Vehicles for additional forms or any questions by telephoning 1-800-642-9066. Driver's license number and last name must be provided. If you do not have the driver's license number, you must provide the social security number and/or date of birth with an additional \$1.00 fee. When faxing or emailing your request, you must call (304)926-3802 for payment instructions.

**All fees are non-refundable.**

Driver's License Number	Name	Social Security Number	Date of Birth

**Please return requested records to the following address:**

PLEASE PRINT COMPANY NAME, IF APPLICABLE

TELEPHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP

**Any person may request their own driving record at any DMV regional office. You must provide your federal or state government issues ID or driver's license for proof of identification.**

All other requests must be sent to the address provided below. You may not obtain information about others without their signed written consent (attach form DMV-101-PS-2) or unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (§17-A-2A-1 et seq.).

**Each request form submitted must include a copy of the requestor's federal or state government issued ID or driver's license. If you do not have a photo ID you must include a copy of a birth certificate, social security card, and DMV-101-PS2.** If you do not meet these requirements, your reasons will be reviewed and if accepted, you will receive a driving record that excludes all personal information from the record.

**Any person who knowingly or willfully obtains information under false pretenses will be in violation of federal law, and if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year. I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purpose stated above.**

**(X)** \_\_\_\_\_  
SIGNATURE OF REQUESTOR

OFFICE USE ONLY  
ID VERIFIED BY: \_\_\_\_\_

If you do not qualify for the information requested, you may submit a Message Forwarding Form. On this form you may write a message and the Division of Motor Vehicles will forward the form with all information you provide to the licensee at their current address in our records. This services has a non-refundable fee of \$5.00. The DMV does not guarantee a delivery or response.

Any request for a driving record other than the individual's own, must be submitted to the WV-DMV at the address listed below. DMV Regional offices are prohibited from dispensing driving records to anyone requesting another individual's records.

**Before mailing, be sure you've included: A completed DMV-101-PS1 form, applicable fees, copy of driver's license or photo ID, letterhead explanation, and a completed DMV-101-PS2 (if applicable).**

**Please mail your request to:**

**WV Division of Motor Vehicles  
Insurance Section / Driving Records**

PO Box 17020  
Charleston, WV 25317

**You may also email or fax your request,  
but you MUST call (304) 926-3802 to  
make your payment by phone.**

**Fax | (304) 926-3899  
Email | [DMVDriverRec@wv.gov](mailto:DMVDriverRec@wv.gov)**